



RHODE ISLAND DEPARTMENT OF HUMAN SERVICES



## Trading Partner Agreement ID Change/Add form

Once a Trading Partner Agreement (TPA) is received and processed, this form may be used to add additional billing providers to the original TPA ID assigned. This form must be received with original signatures. **No facsimile or photocopies will be accepted.**

Trading Partner Name: \_\_\_\_\_

Assigned Trading Partner ID: \_\_\_\_\_

Before mailing your signed Trading Partner Agreement to EDS for processing please verify that:

- The document is complete
- Signatures are in the appropriate areas
- You have checked the transactions that you will be submitting and receiving (See page 5 of the TPA)

## ARTICLE I. MEDICAL TRANSACTION STANDARDS

### Rhode Island Medical Assistance Program Transaction Standards

Selected **ASC X12N Version 4010A** standards include, as applicable, all data dictionaries, segment dictionaries and transmission controls referenced in those standards, but include only the Transaction Sets listed in the section below. The information provided will be utilized to route transactions to the Medicaid Management Information System and back to Trading Partner directories. Remittance files (835) and Pended Claims Reports (277) will be available only to one trading partner. If authorizing one Trading Partner for claims submission and another for downloads each party must complete a separate TPA.

#### Check all that apply:

<input type="checkbox"/>	837 Professional	<input type="checkbox"/>	277 Unsolicited Claim Status
<input type="checkbox"/>	837 Institutional	<input type="checkbox"/>	997 Functional Acknowledgement
<input type="checkbox"/>	837 Dental	<input type="checkbox"/>	835 Remittance Advice
<input type="checkbox"/>	270 Eligibility Inquiry	<input type="checkbox"/>	271 Eligibility Response
<input type="checkbox"/>	276 Claim Status Inquiry	<input type="checkbox"/>	NCPDP 1.1 Batch Pharmacy Claim Response
<input type="checkbox"/>	NCPDP 5.1 Batch	<input type="checkbox"/>	

#### Specify Software:

<input type="checkbox"/>	<b>Software</b>	<b>Vendor</b>
<input type="checkbox"/>	Provider Electronic Solutions	EDS
<input type="checkbox"/>	Other	

**Method of Transmission:** \_\_\_\_\_

#### Guidelines

HIPAA – Health Insurance Portability and Accountability Act. In the event of any conflict, HIPAA standards and Implementation Guides shall control.

Please list the name(s) and phone number(s) of person(s) authorized to resolve problems regarding electronic transmissions:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
e-mail address

## **ARTICLE II. RHODE ISLAND MEDICAL ASSISTANCE PROVIDERS**

Please list the names and the RI Medical Assistance Program provider numbers of those providers for which electronic transactions will be submitted. Each individual provider or group for whom you will be billing must sign and date the agreement below. If additional space is required to identify each provider make copies of Article II and attach.

1. \_\_\_\_\_  
Medical Assistance Provider Number

Provider Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

2. \_\_\_\_\_  
Medical Assistance Provider Number

Provider Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

3. \_\_\_\_\_  
Medical Assistance Provider Number

Provider Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Trading Partner Execution:**  
**TRADING PARTNER**

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Signed

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Name

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Title

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**DO NOT FAX**

**Please mail this certification to the  
Following address:**

**EDS  
Attn: EDI Coordinator  
P.O. Box 2010  
Warwick, RI 02887-2010**